



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

4/24/2015

Sandra Ahomana  
29 26 Avenue Southwest  
Cedar Rapids, IA 52404

Dear Sandra,

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 4/17/15. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1)k Fire and tornado drills are practiced monthly and documentation kept. **Provider had missed the last 2 months. Provider needs to do the drills and document monthly.**

☐ 110.5(1)o Smoking and the use of tobacco products is prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation. **Provider denied smoking in the home. Upon tour of the home the basement and one extra room smelled very heavily of smoke. I did not observe any signs of smoking in the home, just smelled the odor. When discussing this with the provider, she stated more than likely the odor was lingering on their clothing. A parent arrived while I was present who had a discussion with the provider about changing providers due to a variety of concerns and one of them was; frequently her son would come home smelling like smoke.**

☐ 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. **Has one dog, age 9 months. Provider has her shot records but needs them on the new format, 470-5153, which I left a copy.**

☐ 110.5(1)q No animals are allowed in food preparation, storage or serving areas during food preparation and serving times. **Animals in the food preparation, storage or serving areas during prep and or meal time. The children were eating chips outside and the dog got up on the table, next to the child, and was eating the chips off the table, taking them away from the child. Even when you're outside having meals or snacks the dogs have to be in another location.**

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed **statement of health and immunization status** on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. **Need now every 3 years and on the new form which I left a copy for your use.**

.5(2)b Certificates or training verification documentation for: for

☐ 110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate

Linn County DHS 411 3 St SE, suite 160, Cedar Rapids IA 52401-9828 319 892-6800

first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR. **First-aid had expired it was scheduled to be taken on the next day. For assistance in finding training call CCRR at 866-324-3236 x 1410**

☐ 110.5(2)c An individual file is maintained for each staff assistant and contains: **Need**

☐ 110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter. **Need now every 3 years and on the new form which I left a copy for your use.**

☐ 110.5(2)d An individual file is maintained for each substitute and contains: : **Need**

☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter. : **Need now every 3 years and on the new form which I left a copy for your use.**

☐ 110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR. **First-aid had expired it was scheduled to be taken on the next day.**

**For assistance in finding training call CCRR at 866-324-3236 x 1410**

**Most hospitals and fire departments also offer this training. You may call them directly to find a training session. In addition the American Heart Association and Red Cross also offer this training.**

☐ 110.5(6) Discipline

☐ 110.5(6)b No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.

**The provider, under her breath or in jest, made comments that were threatening or inappropriate to the children. Provider needs to be careful in what she says, even if she does not mean it and will not carry out the statements.**

**The following comments were heard addressed to the children in care, "I'll drag you across here", "If you hit him (the dog), I will hit you".**

☐ 110.5(6)d No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. **The provider, under her breath or in jest, made comments that were threatening or inappropriate to the children. Provider needs to be careful in what she says, even if she does not mean it and will not carry out the statements.**

**The following comments were heard addressed to the children in care, "I'll drag you across here", "If you hit him (the dog), I will hit you"**

☐ 110.5(6)e Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others. **See above comments on discipline.**

110.5(8) Children's Files

110.5(8) An individual file is maintained for each child and **updated annually or when there are changes.** Each file contains: **The children's files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, etc. On that date I suggest you**

**double check for a current physical form and immunizations (if there were any updates) and have the parents redo or re-sign the emergency medical and intake information.**

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number. **Need for: BL.**

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency. **Need for: BL.**

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment. **Need for: BL.**

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. **Need for: KB and BL.**

☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian. **Need for: both school aged children.**

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. **Need for: KB, LS, LJ, and DG.**

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical. **Need for: both.**

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. **Need for: BL but all need update.**

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health. **Need for: BL.**

☐ 110.5(9) The provider meets the following requirements:

☐ 110.5(9)a Gives careful supervision at all times. **The provider has recently undergone many medical procedures. She has a back brace and she has to ice her back frequently. She has exercises she has to do, which she does sometimes while kids are there. Because of these procedures she is very limited in her mobility. The provider would sit and loudly direct the children. The provider was not able to limit the interaction between the children and the dog. When a child was being mean to the dog the provider could not separate them, especially because the child would not follow the directions of the provider.**

☐ 110.5(10) Substitutes

☐ 110.5(10)d Use of a substitute is limited to: No more than 25 hours per month with an additional period of up to two weeks in a 12-month period. **Unsure as provider was not documenting the hours of the substitute provider.**

☐ 110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute. **Need to document the hours.**

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely**

**address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☒ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

**I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.**

**Please sign and date below, and return this form in the provided envelope by: 45 days of receipt.**

X \_\_\_\_\_  
Signature Date

Please do not hesitate to contact me at DHS at 319-892-6826 if you have any questions regarding this letter.

Sincerely,

Lisa Wesbrook  
Social Worker II

Irene Holzwarth  
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 866-324-3236.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to [http://dhs.iowa.gov/sites/default/files/CC\\_Professional\\_Development.pdf](http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf) and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and

federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).